PTO/SB/06 (12-04)

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Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875 APPLICATION AS FILED - PART I OTHER THAN OR SMALL ENTITY SMALL ENTITY (Column 1) (Column 2) MUMBER FILED NUMBER EXTRA RATE (S) RATE (\$) FEE (S) **BASIC FEE** (37 CFR 1.16(a), (b), or (c)) SEARCH FEE (37 CFR 1.16(10, (i), or (m)) **EXAMINATION FEE** (37 CFR 1.16(o), (p), or (q)) TOTAL CLAIMS (37 CFR 1.16()) minus 20 = OR INDEPENDENT CLAIMS (37 CFR 1.16(N)) minus 3 ≖ If the specification and drawings exceed 100 APPLICATION SIZE sheets of paper, the application size fee due FEF is \$250 (\$125 for small entity) for each GIPELAT "W med refrairfiair fáctar additional 50-shaets or fraction thereof. See BALLES AND STREET 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.18(I)) " If the difference in column 1 is less than zero, enter "0" in column 2. TOTAL TOTAL APPLICATION AS AMENDED - PART II ·· OTHER THAN OR (Column 1) (Cotumn 2) (Column 3) SMALL ENTITY SMALL ENTITY CLAIMS HIGHEST PRESENT REMAINING NUMBER RATE (S) ADDI-TIONAL RATE (5) ⋖ AFTER AMENDMENT EXTRA TIONAL PAID FOR FEE (S) FEE (\$) Total (37 CFR 1.185)) Minus <u>\*92</u>-ENDME C CR Minus Independent (37 CFR 1,16(k)) **CR** Application Size Fee (37 CFR 1,18(s)) FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(II) OR ADD'L FEE ADD'L FEE (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST REMAINING PRESENT NUMBER RATE (S) ADDL RATE (S) AFTER PREVIOUSL FXTRA TIONAL 2 TIONAL ENT MENDMENT PAID FOR FEE (S) FEE (\$) Total Minus 20 ENDM GF CFR 1.18(2) Independent GF CFR 1.18(N)) Minus OR Application Size Fee (37 CFR 1.16(s)) FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(J)) OR TOTAL TOTAL OR ADD'L FEE ADD'L FEE If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.18. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1:14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will very depending upon the individual case. Any comments on the amount of time you require to complete this form anidor suggestions for reducing this burden, should be sent to the Crief Information Officer, U.S. Patient and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. OO NOT SENID FEES OR COMPLETED FORMS TO THIS ADDRESS. SENID TO: Commissioner for Patients, P.O. Box 1450, Alexandria, VA 22313-1450.